



VERMONT

AGENCY OF HUMAN SERVICES

DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection

103 South Main Street, Ladd Hall

Waterbury VT 05671-2306

<http://www.dlp.vermont.gov>

Voice/TTY (802) 871-3317

To Report Adult Abuse: (800) 564-1612

Fax (802) 871-3318

August 28, 2014

Ms. Marcia Derosia, Administrator

Our Lady Of Providence

47 West Spring Street

Winooski, VT 05404-1397

Dear Ms. Derosia:

The Division of Licensing and Protection completed the unannounced onsite re-licensing survey and investigation of one entity report and one complaint at your facility on **August 19, 2014**. The purpose of the survey was to determine if your facility was in compliance with Vermont Residential Care Home Regulations. The survey statement is enclosed. This survey found the most serious deficiency in your facility to be a pattern of deficiencies that constitute no actual harm with potential for more than minimal harm that is not immediate jeopardy. You must submit a plan of correction. Please write/type the Plan of Correction in the space provided to the right. A completion date for each plan of correction must be indicated in the far right hand column. Attach additional pages if necessary.

Please sign, date, and indicate your title on the bottom of the first page of the report and return this report to this office no later than **September 10, 2014**.

Plan of Correction (POC)

Your POC must contain the following:

- What action you will take to correct the deficiency;
- What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur; and,
- How the corrective actions will be monitored so the deficient practice does not recur.
- The dates corrective action will be completed.

If you disagree with the existence or accuracy of a deficiency, please provide comments in the space provided beneath the deficiency statement.



You may also request an informal review of all or part of the contents of the notice at any time prior to **September 10, 2014** by calling Frances Keeler, RN, MSN, DBA, Assistant Division Director, or Clayton Clark, Division Director at (802) 871-3317. If you are not satisfied with the outcome of the informal review with the Division, you may request a review by the Commissioner of Disabilities, Aging and Independent Living. To request a review with the Commissioner, call (802) 871-3350.

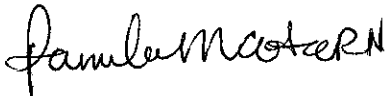
The Department is authorized to impose sanctions for failure to correct a deficiency and/or failure to provide proof of correction by the specified Correction Date. Depending on the nature of the violations, the following sanctions may be imposed: administrative penalties of up to \$10.00 per resident or \$100.00, whichever is greater, for each day the violation remains uncorrected; suspension, revocation or modification of an existing license; refusal to renew a license; suspension of admission or transfer of residents to an alternative placement; injunctive relief to enjoin any act or omission; and the appointment of a receiver for a facility. If you feel strict compliance with the law or regulations would impose a substantial hardship, you may apply to the Department for a variance as stated under Section III of the Residential Care Home Licensing Regulations. You must do so prior to **September 10, 2014**.

Appeals

As noted above, you may seek an informal review from Frances Keeler, RN, MSN, DBA, Assistant Division Director, or a Commissioner's review of this decision. In addition, you have a right to request a fair hearing with the Human Services Board. Decisions by the Department of Disabilities, Aging and Independent Living can be appealed to the Human Services Board pursuant to 3 V.S.A. §3091. The request for a fair hearing before the Human Services Board must be made within thirty (30) days of your receipt of the notice of this decision, and can be made by writing to the Human Services Board at 14-16 Baldwin Street, Montpelier, VT 05633-4302. You have a right to appear before the Board and to present witnesses and other evidence with regard to the case. You also have a right to be represented by an attorney at the Human Services Board fair hearing.

Please contact me at 871-3317 if you have any questions.

Sincerely,

A handwritten signature in black ink, appearing to read "Pamela M. Cota".

Pamela M. Cota, RN
Licensing Chief

PC:jl



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September 11, 2014

Ms. Marcia Derosia, Administrator
Our Lady Of Providence
47 West Spring Street
Winooski, VT 05404-1397

Dear Ms. Derosia:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **August 19, 2014**. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

A handwritten signature in cursive script, reading "Pamela M. Cota".

Pamela M. Cota, RN
Licensing Chief

PC:jl



PRINTED: 08/27/2014
FORM APPROVED

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0198	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/19/2014
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

OUR LADY OF PROVIDENCE

47 WEST SPRING STREET
WINOOSKI, VT 05404

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R100	Initial Comments: An unannounced onsite re-licensing survey and investigation of one entity report and one complaint were completed from 8/18/14 to 8/19/14. There were no regulatory violations related to the entity report or the complaint. A regulatory violation was cited for the re-licensing survey as follows.	R100	R161 Requirements for resident self administration reviewed with all licensed personnel Completion 09/19/2014 Resident #8 Physician order expanded from existing self administration of insulin to resident may take po medications managed and set up by nursing on her own. Completion 09/12/2014 Licensed nurse doing medication administration will observe resident take medication, unless there is a specific physician order indicating that nursing may manage and set up medication, but resident may choose to take their medication in privacy and on their own. For any resident who self administers, a Medication Self Administration Assessment is completed by an RN, and reviewed quarterly or when there is a change in condition of the resident. This is noted in the Careplan and reviewed quarterly. Completed 9/9/2014 Self Administration of Medication Policy, Medication Self Administration Assessment attached.	
R161 SS=E	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.b The manager of the home is responsible for ensuring that all medications are handled according to the home's policies and that designated staff are fully trained in the policies and procedures. This REQUIREMENT is not met as evidenced by: Based on observation, record review and staff interview, the administration failed to assure that all medications were handled according to the home's policies for two of three residents in the medication administration sample (Residents #5 and #8). 1. On 8/19/14 at approximately 7:35 AM, the nurse prepared 7 prescribed medications to be taken by mouth by Resident #5. Additionally three sets of eye drops needed to be administered, as well as a dietary supplemental drink. After administering the first set of eye drops, the nurse left the room with the intent to return to administer the second set of eye drops later. At this time, the nurse left the medicine cup with the 7 oral medications with Resident #5. When we returned to the room at 7:55 AM, the nurse administered	R161		

Division of Licensing and Protection
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE*Maria Delosier*

TITLE

Adm.

(X6) DATE

9/9/14

STATE FORM

6899

LZM711

If continuation sheet 1 of 2

R161 POC ~~attached~~ accepted 7/11/14 JH/mc/RJ/pmc

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NAME OF PROVIDER OR SUPPLIER

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R161	<p>Continued From page 1</p> <p>the second set of eye drops and asked Resident #5 to take the oral medications along with the dietary supplement. Resident #5 reported having already taken one of the seven items (Fish oil capsule) while we were out of the room. Per medical record review, Resident #5 did not have an assessment by a Registered Nurse regarding self administration, nor was there a physician's order for medication self administration.</p> <p>2. On 8/19/14 at approximately 7:30 AM, Resident #8 approached the nurse at the medication cart and requested his/her morning medications. The nurse prepared six prescribed medications to be taken by mouth by Resident #8. The nurse handed the medicine cup with the six medications to the resident who then proceeded to the elevator, expressing the intent to go to the dining room for breakfast. The nurse did not request that Resident #8 consume the medications in his/her presence. The nurse stated to this surveyor, "This resident is alert and oriented". Per medical record review, Resident #8 did not have an assessment by a Registered Nurse regarding self administration, nor was there a physician's order for medication self administration.</p> <p>During an interview at 11:55 AM on 8/19/14, the Health Services Coordinator/Registered Nurse supervisor for the home confirmed that the home's policy and his/her expectation is that the nurse should observe the taking of all medications unless the resident has been approved for self administration.</p>	R161		

Self – Administration of Medications

Purpose: Residents who wish to self-administer medications will be allowed to do so if the facility determines that it would be safe for the resident to do so and will not pose a risk to other residents.

Procedure: If a resident wishes to self-administer medications, an assessment will be conducted by the interdisciplinary team of the resident's cognitive, physical, and visual ability to carry out this process.

****Residents will not be permitted to self administer
controlled medications in the facility****

An assessment of the resident's ability will be conducted upon a request to self-administer medications, quarterly and with any change in cognitive status or physical ability to administer meds.

The assessment will include demonstration and/or verbal understanding of the following:

- A. Name of each medication and its purpose
- B. Proper dosage of each medication and proper route of administration
- C. Frequency of dose
- D. If it is to be administered on a PRN basis, is able to correctly state reason for administration
- E. Demonstrates physical ability to identify medication and correctly administer
- F. If medication is to be kept at bedside is able to demonstrate ability to maintain secure storage and verbal understanding of reason for such.

If the interdisciplinary team determines that the resident is able to safely self-administer medications, an order will be obtained from the physician and the medication order will indicate that resident may self-administer. The order will also state if the medication may be kept at bedside.

Medication Self – Administration Assessment

Instructions: Complete in order to assess a resident's ability to self-administer medications. Check the appropriate response below for each item listed. Assessment will be completed upon request for self administration, annually and with a change in cognitive status/ability to physically administer meds.

****Facility policy does not allow for self-administration of controlled drugs****

ASSESSMENT CRITERIA	NOT APPLICABLE	UNABLE	ABLE WITH ASSIST	FULLY CAPABLE
1. Can correctly name each medication?				
2. Can correctly state the purpose for each medication?				
3. Can state proper dosage for each medication				
4. Can demonstrate secure storage for medication kept in room?				
5. Can correctly state what time medications are to be taken or frequency interval if a PRN? Able to report to nurse when PRN's are used				
6. If a PRN medication, can correctly state situations warranting administration				
7. Can correctly measure the appropriate amount of medication from the container.				
8. Can correctly administer eye drops or eye ointments according to proper procedure?				
9. Can apply topical ointments/powders, creams, or transdermal patches according to proper procedure?				
10. Can administer rectal/vaginal suppositories with proper procedure?				
11. Can administer inhalant medications with proper procedure?				
12. Can demonstrate administration of subcutaneous injections?				

ASSESSMENT RESULTS

☐ Resident is deemed able to safely self-administer the following medications and understands the need for nurse to routinely review/verify pill/med counts:

☐ Resident is deemed unable to safely self-administer medications, for the following reasons:

Assessment completed by: _____ Date: _____

Resident name: _____ MD: _____

Medication Self Administration Assessment

Date: _____
Review: _____

Date: _____
Review: _____

Date: _____
Review: _____

Date: _____
Review: _____

Resident Name:	Room #:	Physician:	Med rec #:
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